FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V58928** **(5)**

1. Corporation Name

BURGESS, HARRELL, MANCUSO & OLSON, P.A.

Principal Place of Business	Mailing Address
2033 MAIN ST. SUITE 300 SARASOTA FL 34237 US	2033 MAIN ST. SUITE 300 SARASOTA FL 34237 US

3. Date Incorporated or Qualified: **06/17/1992**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21
Street Address, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

4. FEI Number: **65-0352688** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRELL, DONALD J
2033 MAIN ST.
SUITE 300
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 617.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of New Registered Agent, if changing) (Signature of Previous Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	BURGESS, JAMES H JR.	2 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	4 CITY-ST-ZIP	
TITLE	VSD	5 TITLE	☐ Change ☐ Addition
NAME	HARRELL, DONALD J	6 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	7 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	8 CITY-ST-ZIP	
TITLE	VATD	9 TITLE	☐ Change ☐ Addition
NAME	MANCUSO, LYNETTE R	10 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	11 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	12 CITY-ST-ZIP	
TITLE	VTSD	13 TITLE	☐ Change ☐ Addition
NAME	OLSON, PAUL E	14 NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	15 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	16 CITY-ST-ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

☐ DELETE

14. I hereby certify that the information supplied with this report is true, complete and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald J. Harrell 1/16/96 941-366-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald J. Harrell

CR2E034 (12/95)